THERAPY PROVISION POLICY

Chatten Free School

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Approved by:	Head of School
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Purpose of this Policy

The purpose of this policy is to give an overview of the Therapy Provision within school and the process for receiving or requesting Therapeutic input.

Which Therapies?

For the purpose of this document Therapy(ies) or Therapist(s) refers exclusively to Speech and Language Therapists and Occupational Therapists.

Role of the Therapy Team in School

The purpose of the Therapy Team is to provide Therapeutic support for pupils in the areas of Speech and Language and Occupational Therapy.

The Therapy team will provide the following, based on the pupil's individual needs:

Assessment

All new pupils will receive an initial assessment from both Speech and Language Therapy and Occupational Therapy regardless of whether this is stated in their EHCP provision. Assessment will be a combination of direct observation and discussion with staff, family members and other key professionals. This assessment will enable a baseline of skills to be obtained and will inform us whether the pupil needs further input from the Therapists.

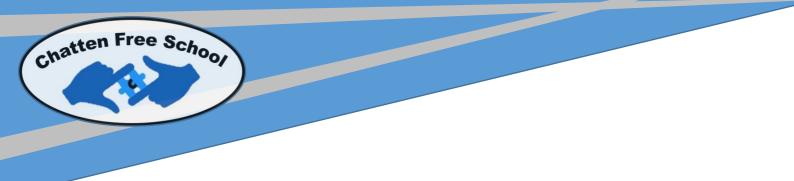
Intervention

The Therapist will work directly or indirectly with a pupil and staff to facilitate their skill development. The intervention will relate to specific targets identified by the assessment and included in the individual's Pupil Plan.

There is an expectation that the tutor will implement the intervention plan throughout the day with the pupil in a variety of natural environments. The Therapist will monitor the pupil's progress and make changes when required. This model of intervention supports the optimal development of the pupil's holistic functional skills.

Staff Training

All staff working with pupils will receive regular training from the Speech and Language Therapist and Occupational Therapist in specialist intervention approaches and the related theory and developmental stages.



Reports/EHCP Reviews

The Therapists may provide reports for pupils and/or contribute to relevant sections of the EHCP review document.

Attending Meetings

The Therapist may contribute to a meeting to provide specialist advice when requested. However, this is not a routine part of Therapy provision, in order to maximise direct Therapy time.

EHCP Provision

A child may have specified Speech and Language Therapy, and/or Occupational Therapy provision in their EHCP. This is a legal requirement that the school provide this input.

During an EHCP review it may be appropriate to discuss changing the provision stated in the current plan. This may be due to parental preference or following assessment by the school professionals. Usually these proposed changes will be added to the EHCP review and sent to the LA who will choose to approve these changes or not according to their own preference.

Where there is disagreement between any party on the contents of the EHCP resolution will be sought through discussion and the LA may be asked for support.

Communication

Therapists will share brief notes on EFL/Therapy tracker when sessions have been completed. In order to maximise time spent with pupils, detailed notes will not be provided for each contact, however significant progress/ changes to targets will be shared with parents by the relevant Therapist. Therapists can be contacted via email if parents have questions regarding their child's therapy input or they wish to share progress observed at home. Meetings with Therapists can also be booked on an individual needs basis and may be by telephone, virtual via Teams or in person.

Clinical records

The Therapy Team use My Therapy Tracker as an online system for recording and storage of clinical notes. My Therapy Tracker meets GDPR standards for secure storage of personal information. It is a requirement of Therapy services to retain clinical records for 7 years after a child's 18th birthday. If parents have any questions regarding this they will need to contact the Therapy team directly.



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The Therapy Team also includes a Tutor who is developing skills specifically related to Speech and Language Therapy and Occupational Therapy. The Tutor is line managed by the Speech and Language Therapist and Occupational Therapist.

Role of the Tutor within the Therapy Team

Resources

The Tutor provides resources for the Speech and Language and Occupational Therapists in support of the pupil's individual targets and needs.

The Tutor oversees the development of and the use of the Therapy Resource Library

The Tutor will assist in providing a temporary alternative Communication system if a pupil is without their usual means of communication.

Administration

The Tutor performs clinical administrative tasks and ensures any direct work carried out by the Tutor is recorded in the pupil's clinical notes on My Therapy Tracker.

The Tutor supports the Therapists with a range of administrative tasks as requested.

Intervention

The Tutor assists classroom tutors working directly with pupils on specific interventions under the guidance of the Speech and Language Therapist, for example:Proloquo2go, functional language, speech sounds, Picture Exchange Communication (PECS).

The Tutor supports pupils and classroom tutors with targets related to sensory processing difficulties (e.g., regulation strategies, eating programs, related to functional skills work) under the guidance of the Occupational Therapist. The Tutor will provide additional support to pupils and their classroom tutor on targets related to sensory-motor difficulties (e.g. Gross motor, fine motor, visual motor, oral motor).

Training

The Tutor may support the Therapists in training programs to staff and/or parents.

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Prioritization

The therapy resources of the school are finite and therefore it is very important that these resources are allocated to pupils based on individual needs. Therapists follow a system of prioritization to ensure a consistent approach which is based on needs. The type and frequency of therapeutic intervention can change over the course of the pupil's time in school depending on their development and changing needs.

Occupational therapy provision prioritization

It should be noted that just because a pupil does not fit into these categories does not mean they will not access OT support or provision. This is simply a way for OT to prioritize time to where is most required.

CRISIS

Pupils displaying high incidences of challenging and/or self-injurious behavior

EARLY INTERVENTION

eg. Sensory processing difficulties (regulation, self-stimulatory behaviours, selfinjurious behaviours), Sensory-Motor difficulties (gross motor, fine motor, oral motor, visual motor), Functional skill difficulties (eg. Eating)

OTHER

Any other pupils referred to OT

SALT provision prioritization

CRISIS

Pupils where communication limitations are linked with high incidences of challenging and/or self-injurious behavior

FUNCTIONAL COMMUNICATION

Pupils that have no or very limited functional means to communicate

EARLY YEARS

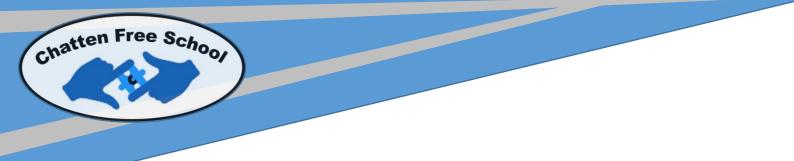
Early intervention- most effective at preventing behavior associated with communication difficulty.

SPEECH

Pupils that functionally communicate verbally but are unintelligible

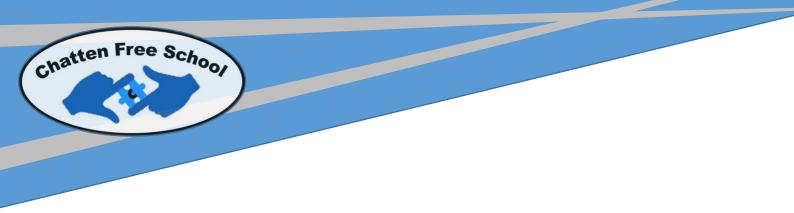
FUNCTIONAL LANGUAGE

Pupils that have a functional system to communicate (verbal/nonverbal) and need ongoing support with functional language development

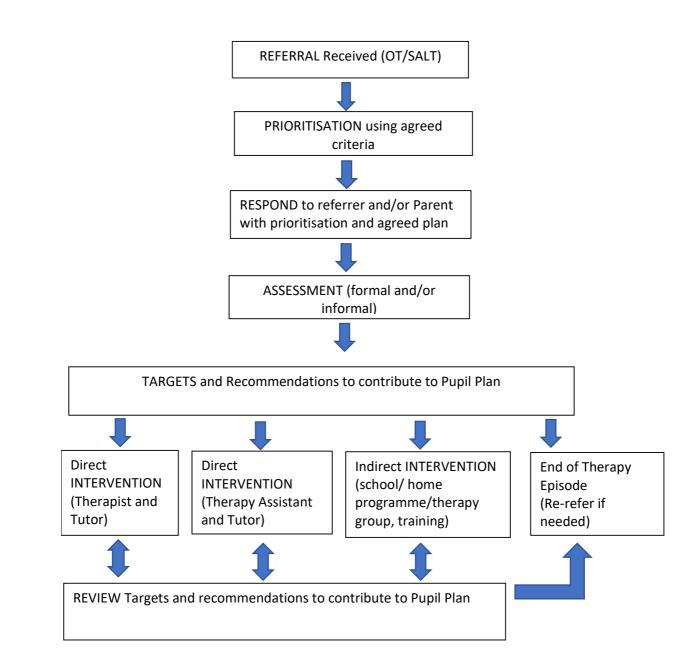


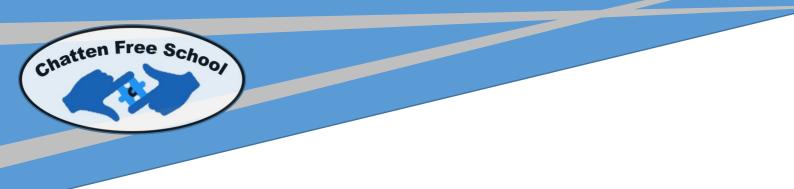
Chatten Free School Therapy Service Pathway

On the following page is a visual representation of the Chatten Free School Therapy Service Pathway. This pathway largely excludes pupils with EHCP provision however Therapists will monitor pupils with EHCP provision and make suggested changes to EHCP's based on their changing needs over time and where a pupil is on the pathway.



Chatten Free School Therapy Service Pathway

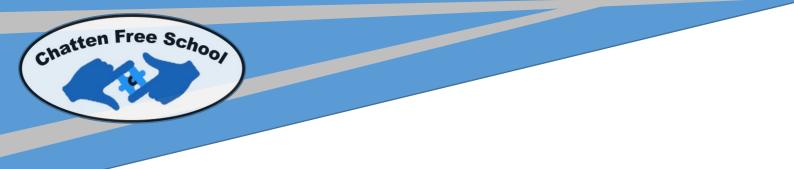




Referrals

Referrals should be made by the class lead or senior using the form on the page that follows. Parents can also make referral requests and should do so via the Class Teacher.

Initial referrals to the Therapy team will typically be as pupils join the school. If a pupil is discharged from the Therapy service, a re-referral can be made at any time during the pupil's time in school, based on changing needs/circumstances.



Therapy Referral Form

Please circle:				
Occupational Therapy	Speech & Language Therapy	Both		
Pupil Details				
Name:	D.O.B:			
Class:				
Referrer's Details				
Name:	Contact:			
Consent of Parent/Guardian	received? Y/N			
<u>Reason for Referral</u> (please	include expectations of therapy in	nput)		
Occupational Therapy eg. Se	ensory processing difficulties (reg	ulation, self stimulatory		
· •	haviours), Sensory-Motor difficul unctional skill difficulties (eg. Eatin			

	<u>Speech & Language Therapy</u> (Please circle area/s of main concern)							
Attention			Expressive Language					
Speech			Social Interaction	Fluency				
Description:								